



Kokopelli Program Participation Application



Applicant Information

Name:			
Date of birth:	SSN:	Phone:	
Current Facility:	Address:	Rent:	
City:	State:	ZIP Code:	How long?
Why did you leave (or why leaving)?			
Prior Facility:	Address:	Rent:	
City:	State:	ZIP Code:	
Why did you leave:			

Employment Information

Current employer:		
Employer address:	How long?	
Phone:	Web:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Income:

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Medical Information

Do you have a communicable disease Y N	Describe:		
What is the treatment:	Who is treating:	Phone:	
Comments:			

Rehabilitation Information

Facility Name	City:	State:
When Entered	When Completed:	Satisfactory: Y N
Previous address:		
Counselor Name:	Phone :	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?

Legal System Information

Have you been convicted of a crime (Misdemeanor or Felony): Y N	ID #:	
Describe:	When:	
Institution:	City:	State:
Parole or Probation Officer:	Phone:	
Date of Release:	When off Probation/Parole	Restitution:

References

Name:	Address:	Phone:

This application is for Residency at a Kokopelli Group Home facility. This information will be reviewed by Kokopelli Management and the Facility Residents. I do assert that the above information is accurate. I authorize the verification of the information provided on this form as to my healthcare, medical, legal, credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
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Kokopelli Group Home, LLC
 1825 South Cholla Street
 Mesa, AZ 85202

Group Home Facility Assignment Upon Release

FAX: (480) 275-3040 **Office:** (480) 820-2121
Steve Cell: (480) 620-2036 **Dorothy Cell:** (480) 620-2039

Please print

Date: _____

Name (Print Legibly): _____ **ADC#** _____

Current ASPC Facility: _____

Corrections Officer: _____

ASPC Phone / Extension: _____

ASPC FAX _____

Estimated Release Date: _____

I am a registered sex offender : Yes No **(Please Circle)**

TO: Kokopelli Group Home:

This is my response indicating my intention to be released to the Kokopelli Group Home, LLC. Program. I will communicate further with you as soon as I have a positive date for my release. I will retain a copy of this document and the Kokopelli Group Home, LLC. acceptance letter for my processing when being released.

Kokopelli’s billing cycle is Friday to Thursday. There is a prorated amount of \$18.18 per day beyond the Friday you are admitted. To have your billing be complete. This prorated fee amount may be included with the admission fee. This proration does not impact your admission to our program nor your overall billing, but if paid the Program fees, the following week will be covered.

I understand that the minimum fees of \$252.20 (plus the applicable Prorated Program Fees) must be paid in advance or upon arrival paid by “money order” only made payable to: Kokopelli Group Home, LLC. Please Note, Kokopelli has several Facilities in the area. You will be assigned a facility upon release.

Please Sign Here